STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013321	A. BUILDING: _____ B. WING _____	C 04/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING AT ROMWEBER FLATS	123 SOUTH DEPOT STREET BATESVILLE, IN 47006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00172008. Complaint IN00172008 - Substantiated, no deficiencies related to the allegations were cited. Survey Date: April 29, 2015 Facility number: 013321 Census bed type: Residential: 7 Total: 7 Census payor type: Other: 7 Sample: 3 Assisted Living at Romweber Flats was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00172008.	R 000		